



PERMIT # _____
APN # _____

CITY OF MESQUITE
DEMOLITION PERMIT APPLICATION
{For Inspections, phone 346-6156}

Street Address of Job Site: _____ Zip Code: 89027

Property Owner: _____ Phone Number: () _____

Property Owner's Address: _____

Contractor: _____ Phone Number: () _____

Contractor's Address: _____

Contractor's Nevada State license # _____ Class _____ Mesquite City Business License # _____

Subdivision/Plaza: _____ Phase # _____ Lot # _____

Total Sq. Ft.: _____ Occupancy or Use: _____ Construction Type: _____

Use: ☐ Commercial ☐ Private

Clark County Approvals: ☐ Dust Control Permit ☐ Asbestos Approval

Description of Work: _____

(Permit covers only the work specified.)

Contractor/Applicant Signature: _____ Date: _____

I hereby certify that the information provided on this application form, and any plans submitted, is complete and correct and request the issuance of a permit with the City of Mesquite. I also certify that all Subcontractors working on this permit are licensed within the City of Mesquite and the State of Nevada.

This permit is being issued subject to the following: _____

Time Limit on Exercise of Approval or Permit: If granted, the approval or permit requested for the proposed development shall be effective as of the date of final action as defined in Ordinance No. 117 and must be exercised within the applicable time period as set forth therein. If no time period is specified, the approval or permit must be exercised within six (6) months of the date of final action. The applicant may request that the City specify the date of final action and the expiration date and include such dates on the approval or permit.

****For Office Use Only****

VALUATION: \$ _____

Permit Fee: _____

Plan Check Fee: _____

Admin Fee: _____

Total Due: _____

Submittal Fee: _____

Check # _____

Balance Due: _____

Check # _____

Issued By: _____
City of Mesquite Building Department

Date: _____